

<i>SERFF Tracking Number:</i>	<i>CCGN-126009268</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41909</i>
<i>Company Tracking Number:</i>	<i>09-2002AR</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident</i>		
<i>Project Name/Number:</i>	<i>Group Accident Face Page/09-2002AR</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Accident	SERFF Tr Num: CCGN-126009268	State: ArkansasLH
TOI: H02G Group Health - Accident Only	SERFF Status: Closed	State Tr Num: 41909
Sub-TOI: H02G.000 Health - Accident Only	Co Tr Num: 09-2002AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Carolyn Caldwell	Disposition Date: 01/29/2009
	Date Submitted: 01/27/2009	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name: Group Accident Face Page	Status of Filing in Domicile: Not Filed
Project Number: 09-2002AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: NA
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 01/29/2009	
State Status Changed: 01/29/2009	Deemer Date:
Corresponding Filing Tracking Number: 09-2002AR	
Filing Description:	

Attached please find the above captioned form for your review and approval. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This form is a substitution of GA-0-1000.00,, which was previously approved by your Department. No changes have been made to this form other than the addition of hard brackets ([]) that enclose the Corporate Secretary's signature, name and title. The hard brackets indicate that the signature, name and title may be included or excluded.

SERFF Tracking Number: CCGN-126009268 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 41909
Company Tracking Number: 09-2002AR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: Group Accident Face Page/09-2002AR

Company and Contact

Filing Contact Information

Carolyn Caldwell, Compliance Operations carolyn.caldwell@cigna.com
Analyst
1601 Chestnut Street (215) 761-8529 [Phone]
Philadelphia, PA 19192 (215) 761-5609[FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
1601 Chestnut Street Group Code: 901 Company Type:
TL16D
Philadelphia, PA 19192 Group Name: State ID Number:
(215) 761-8442 ext. [Phone] FEIN Number: 23-1503749

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Fee calculated based on state's filing requiremnt
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	01/27/2009	25306813

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/29/2009	01/29/2009

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Disposition

Disposition Date: 01/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Form	Group Accident	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GA-00-1000.00

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GA-00-1000.00	Policy/Cont Group Accident ract/Fratern al Certificate	Initial			GA-00-1000.00 et al (face page).pdf

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235
A Stock Insurance Company

GROUP ACCIDENT POLICY

POLICYHOLDER: {ABC Company, Inc.}
POLICY NUMBER: {Specimen}
POLICY EFFECTIVE DATE: {January 1, 2001}
POLICY ANNIVERSARY DATE: {January 1}
STATE OF ISSUE: {Any State}

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 AM on the Policy Effective Date shown above at the Policyholder's address. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

**THIS IS A GROUP ACCIDENT ONLY INSURANCE POLICY.
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.**

**THIS IS A LIMITED POLICY.
PLEASE READ IT CAREFULLY.**



[Secretary]

President

Countersigned _____
Where Required By Law

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Flesch Certification	Review Status:	
Bypass Reason:	NA	Approved-Closed	01/29/2009
Comments:			

Bypassed -Name:	Application	Review Status:	
Bypass Reason:	NA	Approved-Closed	01/29/2009
Comments:			

Satisfied -Name:	Filing Letter	Review Status:	
Comments:		Approved-Closed	01/29/2009
Attachment:			
corp sec_filing Letter.pdf			



CIGNA Group Insurance
Life • Accident • Disability

January 27, 2009

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-8529
Facsimile 215-761-5609
Carolyn.Caldwell@cigna.com

ATT: Commissioner Jay Bradford
Arkansas Department of Insurance
Life and Health Filings
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498

FEI Number: 23-1503749

Group Accident

Company ID#:

SERFF FILING #: CCGN-126009268

Policy Face Page Form # GA-00-1000.00

Dear Commissioner Bradford

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The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate you taking the time to review this form and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at Carolyn.Caldwell@cigna.com or call me collect at 215.761.8529..

Very truly yours,

Carolyn Caldwell